CONTROLLED SUBSTANCE POLICY

PURPOSE

To establish minimum requirements and accountability for ICEMA approved ALS providers to procure, stock, transport, and use controlled substances in compliance with the Federal Controlled Substances Act.

POLICY

All ICEMA approved ALS providers shall have a formal agreement with a qualified Medical Director or a drug authorizing physician who agrees to purchase controlled substances using the appropriate DEA registration number and forms. This physician will retain ownership, accountability and responsibility for these controlled substances at all times. All ALS providers will develop policies compliant with Title 2, chapter 13 of the Federal Controlled Substance Act. The policies must clearly outline the procedure for procurement, receipt, distribution, waste management and associated record keeping for the controlled substances purchased under their DEA registration number.

The medical director or drug authorizing physician must be a physician licensed to practice medicine in State of California and must apply and obtain a valid DEA registration number for the ALS provider they propose to purchase controlled substances for. If a physician has agreements with multiple ALS providers, separate DEA registration numbers are required for each individual provider agency. Physicians should not use their personal DEA registration number that they use for their clinical practice.

PROCEDURE

All controlled substances will:

1. Be purchased and stored in tamper evident containers.

2. Be stored in a secure and accountable manner.

3. Be kept under a “double lock” system at all times.

4. Be counted a minimum of daily or at any change of shift or change in personnel.

REQUIRED DOCUMENTATION

1. ALS providers must maintain a log of all purchased controlled substances for a period of no less than two (2) years.

2. All controlled substance usage will be documented in patient care records.

3. All wasted portions of controlled substances must be witnessed and documented by at least two (2) licensed providers (both providers must sign the log).

4. In the event of breakage of a narcotic container an incident report will be completed and the damage reported to the appropriate supervisor.

5. Discrepancies in the narcotic count will be reported immediately to the appropriate supervisor and a written report must be submitted.

SAMPLE DAILY LOG

Agency: _____

Month: _____Year: ___

Double Lock Shift Change Medic Date In Place Midazolam 5mg **On**

	DATE	**DOUBLE LOCK IN PLACE?**	**MIDAZOLAM 5MG**	**MORPHINE 10MG**	**DRUG ADMINISTERED – AMOUNT GIVEN / WASTED O1A # PATIENT NAME DATE/TIME MEDIC NAME**	**DUTY MEDIC**	**CAPTAIN OR SUPERVISOR**
1		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
2		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
3		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
4		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
5		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
6		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
7		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature
8		Yes / No	Amount _____	Amount_____		Can Not Be Same Signature	Can Not Be Same Signature

SAMPLE - Master Controlled Substance Inventory Log

Date/Time	Lot Number	Midazolam Quantity	Morphine Quantity	Outdated Destroyed	Action Inventory, Restock, Dispensed, Inventory Total	Signatures of Personnel I certify that we have counted and found correct all controlled substances listed.	
						Signature	Signature